Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Old Republic Independent CA SERFF Tr Num: LDDX-125799073 State: Arkansas

Forms

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other Co Tr Num: CA AR0198101F01 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: SPI ORChicago Disposition Date: 09/03/2008

Date Submitted: 09/02/2008 Disposition Status: Approved

Effective Date Requested (New): 11/01/2008 Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): Effective Date (Renewal):

11/01/2008

State Filing Description:

General Information

Project Name: Old Republic Independent CA Forms

Status of Filing in Domicile:

Project Number: CA AR0198101F01

Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/03/2008

State Status Changed: 09/03/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information. We are also submit new Decalaration page CA DEC GN 0026 08 08.

CADEC0000 is being withdrawn.

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

We request an effective date of 11/01/08.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com 307 N. Michigan Avenue (312) 762-4532 [Phone] Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania

307 N. Michigan Avenue Group Code: 150 Company Type: Chicago , IL 60601 Group Name: State ID Number:

(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Old Republic Insurance Company \$50.00 09/02/2008 22234921

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/03/2008	09/03/2008

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Disposition

Disposition Date: 09/03/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Item Type	Item Name	Item Status	Public Access				
Supporting Document	Uniform Transmittal Document-Property & Approved Yes						
	Casualty						
Supporting Document	Filing Memorandum, CA DEC GN 0003	Approved	Yes				
	markup, CA DEC GN 0006 markup, CA						
	DEC GN 0007 markup, CA DEC GN 000	08					
	markup, Policy Jacket markup						
Form	Commercial Auto Declarations	Approved	Yes				
Form	Business Auto Declarations	Approved	Yes				
Form	Truckers Declarations	Approved	Yes				
Form	Motor Carrier Declarations	Approved	Yes				
Form	Garage Declarations	Approved	Yes				
Form	Business Auto Physical Damage	Approved	Yes				
	Declarations						
Form	Policy Jacket	Approved	Yes				

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Form Schedule

Review	Form Name	Form #	Edition	Form Type	e Action	Action Specific	Readability	Attachment	
Status			Date			Data			
Approved	Commercial Auto Declarations	OO CADECO	0 07 05	Declaration s/Schedule		Replaced Form #	:0.00		
						Previous Filing #:			
Approved	Business Auto	CA DEC	80 80	Declaration	n Replaced	Replaced Form #	CA DEC GN		
	Declarations	GN 0003		s/Schedule)	CA DEC GN		0003.PDF	
						0003	0003		
						Previous Filing #:	Previous Filing #:		
Approved	Truckers	CA DEC	80 80	Declaration Replaced		Replaced Form #	:0.00	CA DEC GN	
	Declarations	GN 0006		s/Schedule)	CA DEC GN	0006 .PDF		
					0006				
					Previous Filing #:				
Approved	Motor Carrier	CA DEC	80 80	Declaration	•	Replaced Form #:0.00		CA DEC GN	
	Declarations	GN 0007		s/Schedule)	CA DEC GN		0007.PDF	
						0007			
A	0	04 DE0		Darlandia	. D. d. d.	Previous Filing #:		04 DE0 0N	
Approved	Garage	CA DEC	80 80		n Replaced	Replaced Form #	:0.00	CA DEC GN	
	Declarations	GN 0008		s/Schedule)	CA DEC GN		0008.PDF	
						0008			
Approved	Business Auto	CA DEC	00.00	Declaration	a Now	Previous Filing #:		CA DEC GN	
Approved	Physical Damage		80 80	s/Schedule	_		0.00	0026.PDF	
	Declarations	3 GIN 0020		S/Scriedule	;			0020.FDF	
Approved	Policy Jacket	J-01	(02/08)	Other	Replaced	Replaced Form #	·· 0 00	J-01.PDF	
Apploved	i olicy dacket	5 0 1	(02/00)	Cuici	Ropiacea	J-01-03-05	.0.00	5 51.1 DI	
						Previous Filing #:	ı		

BUSINESS AUTO DECLARATIONS



POLICY NUMBER	Policyholder Service C	Office: Producer: *	
PREVIOUS POLICY NUMBER *			
PREVIOUS POLICY NUMBER *			
ITEM ONE			
MAILING ADDRESS: *			
POLICY PERIOD: * From:	To:	at 12:01 A.M. Standard Time at your mailing add	ess shown above.
FORM OF BUSINESS: * CORPORATION INDIVIDUAL	LIMITED LIABILITY COM	PANY PARTNERSHIP OTHER	
IN RETURN FOR THE PAYMENT OF THE PR STATED IN THIS POLICY.	REMIUM, AND SUBJECT TO ALI	L THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE IN	ISURANCE AS
ITEM TWO SCHEDULE OF COVERAGES AND COVERE	D AUTOS		
	os" for a particular coverage by	mium column below. Each of these coverages will apply only to those "autos" the entry of one or more of the symbols from the Covered Autos Section of	
COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
(or equivalent No-Fault Coverage) ADDED PERSONAL INJURY PROTECTION		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
(or equivalent added No-Fault Coverage) PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
TOWNING THAT EXISTS		PREMIUM FOR ENDORSEMENTS	\$
		MICHIGAN CCA SURCHARGE	\$
		ASSESSMENTS AND SURCHARGES	\$
		**ESTIMATED TOTAL PAYABLE	\$
Total shown is payable at inception: \$		** This policy may be subject to final audit.	
AUDIT PERIOD (IF APPLICABLE)	ANNUALLY 🔲 SEMI-ANNU	JALLY QUARTERLY MONTHLY	
ENDORSEMENTS ATTACHED TO THIS POL	.ICY: =		
COUNTERSIGNED *	(Date)	BY * (Authorized Representative)	
	(20.0)	(Mathematical Representative)	

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

			DESCRI	OTIONI				DLIDC	HASED		TERRITO	NDV
Covered		Year	, Model, Trade I	Name, Body Type	Э		Origi	nal	Actual C		Town & State Where	e The Covered
Auto No.		Serial Numb	er(s) Vehicle Id	entification Numb	er (VIN)		Cost N	New	NEW USED		Auto Will Be Princi	oally Garaged
1							\$		\$			
2 3							\$ \$		\$ \$ \$ \$ \$ \$			
4							\$		\$ \$			
5							\$		\$			
0	Dadius	D		CLASSIFICATIO			0	0-1-	EVOE	T F T	in a All Dhunian Dans	11-
Covered Auto No.	Radius Of	Business Us s = service		GVW, Age V or Group		rimary Rating	Secondary Rating	Code	Payabl	e To You Ar	ing, All Physical Dam nd The Loss Payee N	Named Below
	Operation	r = retail	Veh			actor	Factor		As Inte	rests May A	Appear At The Time (Of The Loss.
		c = commerc	cial Sea Cap		Liab.	Phy. Dam.						
1												
2												
3 4												
5												
	COVERAGE	S-PREMIUMS	, LIMITS AND D	EDUCTIBLES								
Covered Auto No.		a deductible o	r limit entry in ar	ny column below RSONAL INJUR	means th	hat the limit or	deductible e	entry in the	ne correspo		I TWO column appli	
Auto No.	Limit	Prem		Limit		Premium	Limit	NDDED P	Premiu		Limit	Premium
				Stated In Each			Stated In E Added P.			En	Stated In P.P.I. d. Minus Deductible	
				ctible Shown Be	ow		End.	I.F.		EII	Shown Below	
1	\$	\$	\$		\$;			\$	\$		\$
2	\$	\$	\$		\$	5			\$	\$		\$
3 4	\$ \$	\$ \$	\$ \$		\$				\$ \$	\$ \$		\$ \$
5	\$	\$	\$		\$				\$	\$		\$
Total												
Premium	00//50405	\$	LIMITO AND D	EDITOTINI EO	\$	3			\$			\$
Covered			, LIMITS AND D r limit entry in ar		means tl	hat the limit or	deductible e	entry in th	ne correspo	onding ITEM	/I TWO column appli	es instead.)
Auto No.	AUTO MED	DICAL PAYME		MEDICAL EXF ME LOSS BENE								
	Limit	Prem		Limit	FIIS (VII	Premium						
				Stated In Each dical Expense An	4							
			Incom	e Loss Benefits I								
			F	or Each Person						<u> </u>		
1	\$	\$	\$		\$							
2 3	\$ \$	\$ \$	\$ \$		\$							
4	\$	\$	\$		\$	6						
5	\$	\$	\$		\$	5						
Total Premium		\$			\$, 						
Covered		S-PREMIUMS	, LIMITS AND D									
Auto No.		a deductible of OMPREHENS				hat the limit or	deductible e		ne correspo DLLISION	onding ITEM	1 TWO column appli	es instead.) .ND LABOR
		ed in ITEM	Premium	Limit Stated I		Premium	Limit	Stated In		Premium		Premium
	TWO Min	us Deduc- wn Below		TWO Minus I tible Shown I	Deduc-			linus Dec own Belo			Per Disablement	
		WII DEIUW		line Stiown i	SCIOM			own belo	JVV			
1 2	\$ \$		\$ \$	\$ \$		\$ \$	\$ \$			\$ \$	\$ \$	\$ \$
3	\$		\$	\$ \$		\$	\$			\$	\$	\$
4 5	\$		\$	\$		\$	\$			\$ \$	\$ \$	\$
<u> </u>	Ψ		φ	Ψ		φ	Ψ			Ψ	Ψ	Ψ
Total Premium			\$			\$	_			\$	_	\$

CA DEC GN 0003 08 08 Page 2 of 4

BUSINESS AUTO DECLARATIONS (Continued)

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE-RATING I	BASIS, COST OF HIRE							
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM				
	FOR EACH STATE	\$100 COST OF HIRE	(ii Liability Coverage is Filmary)					
	\$	\$		\$				
LIABILITY COVERAGE-RATING E	BASIS, NUMBER OF DAYS (FOR MO	BILE OR FARM EQUIPMENT-REI	NTAL PERIOD BASIS)					
STATE	ESTIMATED NUMBER OF DAYS	BASE	FACTOR	PREMIUM				
	EQUIPMENT WILL BE RENTED	PREMIUM						
	\$	\$		\$				
TOTAL PREMIUM								

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COV	ERAGE			
COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
			TOTAL PREMIUM	\$

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY INCLUDED IN ITEM TWO, LIABILITY COVERAGE

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
-	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
		TOTAL PREMIUMS	\$

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ITEM SIX SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE-PUBLIC AUTO OR LEASING RENTAL CONCERNS

LOCATION NO.:	ADDRESS:								
ESTIMATED YEARLY:		RATES	3				PREMIUMS		
☐ Gross Receipts		Gross Receipts (F	Per \$100)						
(Per \$100) Mileage (Per Mile)		Mileage (Per Mile)						
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)				LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		
	\$	\$	/ \$	/\$	\$		\$	/\$	/\$
		•	MI	NIMUM PREMIUMS:	\$		\$	/\$	/\$
									_
LOCATION NO.:	ADDRESS:								
ESTIMATED YEARLY:	RATES						PREMIUMS		
Gross Receipts (Per \$100)		Gross Receipts (F	Per \$100)						
Mileage (Per Mile)		Mileage (Per Mile)						
	LIABILITY COVERAGE	MEDICAL EX		AYMENTS/ NEFITS (VA Only)/ FITS (VA Only)		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		
	\$	\$	' \$	/\$	\$		\$	/\$	/\$
			MI	NIMUM PREMIUMS:	\$		\$	/\$	/\$
TOTAL PREMIUMS									
	MINIMUM LIABILITY COVERAGE	MINIMUM AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)				LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		
	\$	\$	/ \$	/\$	\$		\$	/\$	/\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

CA DEC GN 0003 08 08 Page 4 of 4

TRUCKERS DECLARATIONS



POLICY NUMBER	Policyholder Service Office:	Producer: *	
PREVIOUS POLICY NUMBER *			
ITEM ONE NAMED INSURED: MAILING ADDRESS: *			
POLICY PERIOD: * From	to	at 12:01 A.M. Standard Time at your mailing address shown above.	
FORM OF BUSINESS: * CORPORATION INDIVIDUAL	LIMITED LIABILITY COMPANY	PARTNERSHIP OTHER	
IN RETURN FOR THE PAYMENT OF THE PRAS STATED IN THIS POLICY.	REMIUM, AND SUBJECT TO ALL THE T	TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE	INSURANCE
	re a charge is shown in the premium colu for a particular coverage by the entry of o	umn below. Each of these coverages will apply only to those "autos" sho	
	COVERED AUTOS (Entry of one or more of the	LIMIT	
COVERAGES	symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND	\$
BENEFITS (Virginia Only) UNINSURED MOTORISTS		INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE		ACTUAL CASH VALUE, COST OF REPAIR, OR	\$
SPECIFIED CAUSES OF LOSS COVERAGE		\$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY	
TRAILER INTERCHANGE		MISCHIEF OR VANDALISM. ACTUAL CASH VALUE, COST OF REPAIR, OR	\$
COLLISION COVERAGE		\$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	•
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		PREMIUM FOR ENDORSEMENTS	\$
		MICHIGAN CCA SURCHARGE	\$
		ASSESSMENTS AND SURCHARGES **ESTIMATED TOTAL PAYABLE	\$
Total shown is payable: \$ AUDIT PERIOD (IF APPLICABLE)		** This policy may be subject to final audit.	Ι Ψ
COUNTERSIGNED *	(Date)	BY* (Authorized Representative)	

FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

^{*} Entry optional if shown in the Common Policy Declarations.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

P.I.P. End. Minus Deductible Shown Below Added P.I.P. End. Minus Deductible Shown Below Added P.I.P. End. Minus Deductible Shown Below Shown Below End. Minus Deductible Shown Below Shown Bel		<u> </u>		DESCRI	OTION				DLID		<u> </u>		TERRITO	NDV
Auto No. Sorial Number (a) Vehicle Identification Number (VIN)	Covered		Year, I			е			FURC	PUNOE	<u> </u>	То		
Covered Auto No. Radius Of Business Use	Auto No.		Serial Number	(s) Vehicle Id	entification Num	ber (VIN)				1	NEW (N)	А	uto Will Be Princip	pally Garaged
Radius Of Business Use Size GVW, Age Primary Resting Resting Factor	2 3 4							\$ \$		\$ \$ \$				
COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES			s = service r = retail	e Size G GCW Vehi al Seat	GVW, Age V Or Group Icle ing	Ra Fa	ating actor Phy.	Rating	Cod	P	ayable To Y	ou And	The Loss Payee I	Named Below
Covered (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)	2 3 4													
Auto No. LIABILITY PERSONAL INJURY PROTECTION ADDED P.I.P. PROPERTY PROTECTION Methyan to I Limit Premium Limit Stated Premium Limit Premium	Covered					means th	at the limit o	r deductible e	entry in	the cor	responding	ITEM T	WO column appli	es instead)
P.I.P. End. Minus Deductible Shown Below End. In Each Shown Below Shown Be			IABILITY	PE	RSONAL INJUF	RY PROTE	CTION	ΑI	DDÉD F		P	ROPE	RTY PROTECTIO	N (Michigan Only)
Total Premium		Limit	Premiu	P.I.P.	End. Minus		Premium	In Each Added P.I.F		Prem	Er	nd. Min	us Deductible	Premium
Covered Auto No. COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) AUTO MEDICAL PAYMENTS MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only) Limit Premium Stated In Each Medical Expense And Income Loss Benefits End. For Each Person Total Premium COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deducible or limit entry in any column below means that the limit or deducible entry in the corresponding ITEM TWO column applies instead.) TOTAL STATEMENT OF TWO MINUS SHOWN BELOW TOWN TOWN BELOW DISALED OF TWO MINUS SHOWN BELOW DI	2 3 4	\$ \$ \$	\$ \$ \$	\$ \$		\$ \$ \$				\$ \$ \$	\$ \$ \$			\$ \$ \$
Covered Auto No.		_	_ \$	4		_ \$		_	- 3	\$	_		_	\$
Limit	Covered	(Absence of	a deductible or I	imit entry in ar	ny column below MEDICAL EXF	PENSE AN	ID	r deductible e	entry in	the cor	responding	ITEM T	WO column appli	es instead.)
Stated In Each Medical Expense And Income Loss Benefits End. For Each Person		Limit	Premiu	-							-			
S				State Expen	se And Income Benefits End.	Loss								
Covered Auto No. COMPREHENSIVE SPECIFIED CAUSES OF LOSS COLLISION TOWING & LABOR Collision Company Collision Company Collision Collisi	3 4	\$ \$ \$	\$ \$ \$	\$ \$		\$ \$ \$								
Covered Auto No. COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) COMPREHENSIVE SPECIFIED CAUSES OF LOSS COLLISION TOWING & LABOR			\$			\$								
Covered Auto No. COMPREHENSIVE SPECIFIED CAUSES OF LOSS COLLISION TOWING & LABOR	Premium	COVERAGE	S-PREMILIMS I	IMITS AND D	EDUCTIRI FS									
TWO Minus Deductible Shown Below TWO Minus Deductible Shown Below Disablement 1 \$		(Absence of CO	a deductible or I OMPREHENSIV	imit entry in ar	ny column below SPECIFIED	CAUSES	OF LOSS		С	OLLISI	ON		TOWING	& LABOR
2		TWO Minu	s Deductible	Premium	TWO Mi	nus	Premium	TWO N	/linus D	Deductik		nium		Premium
	2 3 4	\$ \$ \$		\$ \$ \$	\$ \$ \$		\$ \$ \$	\$ \$ \$			\$ \$		\$ \$ \$	\$ \$ \$
	Total Premium	_		\$	_		\$				\$			\$

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ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE	<u>GE-RATII</u>	NG BASIS, COST OF HIRE	 AUTOS USED IN YOUR TRUCKING OPER 	ATIONS					
ESTIMA	ATED CO	ST OF HIRE	RATE PER EACH \$100 COST OF HIRE			TOTAL ESTIMATED PREMIUM			
\$			\$						
LIADII ITV COVEDA	OF DAT	TNO DAGIO COCT OF LUIDE	AUTOC NOT HOED IN YOUR TRUCKING	ODED ATION	_				
			- AUTOS NOT USED IN YOUR TRUCKING	T	FACTOR	1	DDELWIN.		
STATE		MATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	(If Liphility		o Drimon()		PREMIUM	
	\$	TOR LACITSTATE	\$	1					
	ļ ·						·		
					TOTAL	PREMIUM	\$		
		10 DAGIO AURADED OF DA	(C. (FOR MOR)) F OR FARM FOUNDATION	DELITAL DEDI	00 04010				
		· · · · · · · · · · · · · · · · · · ·	YS - (FOR MOBILE OR FARM EQUIPMENT-	RENTAL PERI)		DD EN III IN I	
STATE ESTIMATED NUMBER OF		DAYS	BASE PREMIUM	FACTOR			PREMIUM		
	EQUIPMENT WILL BE RENTED		PREMION						
			\$				\$		
					TOTAL	PREMIUM	\$		
							*		
PHYSICAL DAMAGE	COVER	AGE							
			MIT OF INSURANCE	ESTIMA		RATE PE			
COVERAGES		THE	MOST WE WILL PAY DEDUCTIBLE	ANNU COST O		\$100 AN COST O	-	PREMIUM	
COMPREHENSIVE		ACTUAL CASH VALUE O	R COST OF REPAIR. WHICHEVER IS	\$	F HIKE	\$	F HIKE	\$	
COMPREHENSIVE		LESS. MINUS \$	DED. FOR EACH COVERED AUTO.	Φ		Φ		Ψ	
			PPLIES TO LOSS CAUSED BY						
		FIRE OR LIGHTNING.							
			R COST OF REPAIR, WHICHEVER IS	\$		\$		\$	
CAUSES OF LOSS LESS, MINUS \$			DED. FOR EACH COVERED AUTO						
COLLICION			MISCHIEF OR VANDALISM.			Φ.		<u></u>	
		LESS. MINUS \$	R COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO.	\$		\$		\$	
			DED. OR EXCITOOVERED NOTO.	1		TOTAL F	PREMILIM	\$	

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY INCLUDED IN ITEM TWO, LIABILITY COVERAGE

\$
\$
TOTAL \$
•

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TRUCKERS DECLARATIONS (CONTINUED)

ITEM SIX TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY R	ATE	ESTIMATED PREMIUM	
COMPREHENSIVE		\$		\$	
SPECIFIED CAUSES OF LOSS		\$		\$	
COLLISION		\$		\$	
			TOTAL PREMIUM	\$	

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts			PREM	IUMS				
	LIABILITY COVERAGE	MEDIO	CAL EXPENS	CAL PAYMENTS/ E BENEFITS (VA Only)/ BENEFITS (VA Only)	LIABILIT COVERA	MEDIC		PAYMENTS/ ENEFITS (VA Only)/ EFITS (VA Only)
\$ \$ \$	\$ \$ \$ \$	\$ \$ \$	/\$ /\$ /\$ /\$	/\$ /\$ /\$ /\$	\$ \$ \$ \$	\$ \$ \$	/\$ /\$ /\$ /\$	/\$ /\$ /\$ /\$
	TOTAL PREMIUMS: \$ MINIMUM PREMIUMS: \$					\$	/\$ /\$	/\$ /\$

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

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MOTOR CARRIER DECLARATIONS



POLICY NUMBER	Policyholder Service Office:	Producer: *									
PREVIOUS POLICY NUMBER *											
ITEM ONE											
NAMED INSURED: MAILING ADDRESS: *											
POLICY PERIOD: * From:	To: a	nt 12:01 A.M. Standard Time at your mailing address shown above.									
FORM OF BUSINESS: * CORPORATION INDIVIDUAL											
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.											
This policy provides only those coverages who	ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier										
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM								
LIABILITY	are covered autos.)	\$	\$								
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$								
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$								
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$								
MEDICAL PAYMENTS MEDICAL EXPENSE AND INCOME LOSS		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND	\$ \$								
BENEFITS (Virginia Only)		INCOME LOSS BENEFITS ENDORSEMENT.	*								
UNINSURED MOTORISTS		\$	\$								
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage	e)	\$	\$								
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$								
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$								
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$								
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$								
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$								
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$								
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$								
	1	PREMIUM FOR ENDORSEMENTS	\$								
		MICHIGAN CCA SURCHARGE	\$								
		ASSESSMENTS AND SURCHARGES **ESTIMATED TOTAL PAYABLE	\$ \$								
Total shown is payable: \$ AUDIT PERIOD (IF APPLICABLE) ENDORSEMENTS ATTACHED TO THIS POL		** This policy may be subject to final audit.									
COUNTERSIGNED *	(Date)	BY * (Authorized Representative)									

* Entry optional if shown in the Common Policy Declarations.
= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

	т —		DESCRIPT	ION				PURCHA	SED	1	TERRITO	DV		
Covered		Year, Mo		me, Body Type				n & State Where						
Auto No.	\$	Serial Number (s) Vehicle Ider	itification Numb	er (VIN)		Origin Cost N		Actual Cost & NEW (N) USED (U)	Auto	o Will Be Princip	ally Garaged		
1 2 3 4 5							\$ \$ \$ \$	\$ \$ \$ \$ \$						
Covered Auto No.	·	Business Use s = service r = retail c = commercial	Size GV GCW (Vehick Seatin Capaci	W, Age Or Group e g	Ra		econdary Rating Factor	Code	Payable To Y	ou And T	owing, All Physical Damage Loss Is u And The Loss Payee Named Below ay Appear At The Time Of The Loss.			
1 2 3 4 5														
Covered Auto No.	(Absence of a	PREMIUMS, LINdeductible or limited BILITY	t entry in any					ntry in the			O column appli			
Auto No.	Limit	Premium	Limit Sta P.I.P. Er	ated In Each ad. Minus ole Shown Belov	F	Premium	Limit Stated In Each Added P.I.F End.	d P	remium L E	imit Stated	d In P.P.I. Deductible	Premium		
1 2 3 4 5	\$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$			\$ \$ \$ \$ \$	\$ \$ \$ \$			\$ \$ \$ \$ \$ \$		
Total	_	\$	_		\$		-	\$			_	\$		
Premium Covered Auto No.	(Absence of a	PREMIUMS, LIM deductible or limi CAL PAYMENTS	t entry in any				deductible e	ntry in the	corresponding	ITEM TW	TEM TWO column applies instead.)			
	Limit	Premium	Stated Expense B	Limit In Each Medical And Income Loenefits End. Each Person	ITS (Virg F									
1 2 3 4 5	Limit \$ \$ \$ \$ \$ \$	Premium \$ \$ \$ \$ \$ \$	Stated Expense B	Limit In Each Medica And Income Lo enefits End.	ITS (Virg F	inia Only)								
3 4 5 Total	\$ \$ \$	\$ \$ \$ \$ \$	Stated Expense B For \$ \$ \$	Limit In Each Medica And Income Lo enefits End.	ITS (Virg	inia Only)								
3 4 5	\$ \$ \$ \$ \$ COVERAGES- (Absence of a of	\$ \$ \$ \$ \$	Stated Expense B For	Limit In Each Medica And Income Lo enefits End. Each Person	ITS (Virg	inia Only) Premium at the limit or or	deductible e	ntry in the			/O column applii TOWING			
3 4 5 Total Premium	\$ \$ \$ \$ \$ COVERAGES- (Absence of a of	\$ \$ \$ \$ PREMIUMS, LIM deductible or limi MPREHENSIVE d In ITEM Deductible	Stated Expense B For	Limit In Each Medica e And Income Lo enefits End. Each Person DUCTIBLES column below r	ITS (Virg al sss \$ \$ \$ \$ \$ \$ ITEM JS	inia Only) Premium at the limit or or	Limit TWO N	ntry in the	e corresponding LUSION TEM Pre uctible					
3 4 5 Total Premium	\$ \$ \$ \$ \$ \$ COVERAGES-(Absence of a COME of a	\$ \$ \$ \$ PREMIUMS, LIM deductible or limi MPREHENSIVE d In ITEM Deductible	Stated Expense B For \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Limit In Each Medica And Income Lo enefits End. Each Person DUCTIBLES column below r SPECIFIED Limit Stated Ir TWO Mint Deductibl	ITS (Virg al sss \$ \$ \$ \$ \$ \$ ITEM JS	at the limit or OF LOSS	Limit TWO N	ntry in the COL Stated In linus Dedi	e corresponding LUSION TEM Pre uctible	ITEM TW	TOWING Limit Per	& LABOR		

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ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

CCTIM	MATED CO	ST OF HIRE	- AUTOS USED IN YOUR MOTOR CARRIEI RATE PER EACH \$100 COST OF		i	TOTAL CO	TIMATED	DDEMILIM
ESTIN	IATED CO	ST OF HIKE	\$	TIKE	TOTAL ESTIMATED PREMIUM \$			
IABILITY COVERA	GE-RATII	NG BASIS, COST OF HIRE	- AUTOS NOT USED IN YOUR MOTOR CAI	RRIER OPER	ATIONS			
STATE	_	MATED COST OF HIRE	RATE PER EACH \$100		FACTOR			PREMIUM
	_	FOR EACH STATE	COST OF HIRE	(If Liability	/ Coverage	Is Primary)		
	\$		\$				\$	
				· ·	TOTA	L PREMIUM	\$	
I IABILITY COVERA	GF-RATIN	IG BASIS NUMBER OF DA	YS - (FOR MOBILE OR FARM EQUIPMENT	-RENTAL PE	RIOD BASI	S)		
STATE		IMATED NUMBER OF	BASE		FACTOR			PREMIUM
		DAYS	PREMIUM					
	EQUIP	MENT WILL BE RENTED						
			\$				\$	
					TOTA	L PREMIUM	\$	
PHYSICAL DAMAG	E COVER	7GE						
TTTT OTOTAL DATENTA	LOOVEIN	_	MIT OF INSURANCE	ESTIN	1ATED	RATE PE	R EACH	
COVERAGES		THE	MOST WE WILL PAY	ANN	IUAL	\$100 AN	NUAL	PREMIUM
			DEDUCTIBLE	COST	OF HIRE	COST O	FHIRE	
COMPREHENSIVE		LESS, MINUS \$	PR COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO,	\$		\$		\$
BUT NO DEDUCTIBLE A FIRE OR LIGHTNING.			PPLIES TO LOSS CAUSED BY					
SPECIFIED			R COST OF REPAIR, WHICHEVER IS	\$		\$		\$
CAUSES OF LOSS		LESS, MINUS \$	DED. FOR EACH COVERED AUTO MISCHIEF OR VANDALISM.					
COLLISION			R COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO.	\$		\$		\$
		O, IVIII 400 ψ	DED. I ON ENGITOUVENED AUTO.	1		1		1

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY INCLUDED IN ITEM TWO, LIABILITY COVERAGE

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
	TOTAL	\$

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MOTOR CARRIER DECLARATIONS (CONTINUED)

ITEM SIX TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE		ESTIMATED PREMIUM
COMPREHENSIVE		\$	\$	
SPECIFIED CAUSES OF LOSS		\$	\$	
COLLISION		\$	\$	
		ТО	TAL PREMIUM \$	

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts		RATES Per \$100 Gross I			PR	EMIUMS		
	LIABILITY COVERAGE	MEDICAL EXF	MEDICAL PAYMENTS/ PENSE BENEFITS (VA Only)/ OSS BENEFITS (VA Only)	LIABILITY COVERAG	SE MED	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		
\$ \$ \$	\$ \$ \$	\$ /9 \$ /9 \$ /9	/\$ 5 /\$ 5 /\$	\$ \$ \$ \$	\$ \$ \$ \$	/\$ /\$ /\$ /\$	/\$ /\$ /\$ /\$	
			TOTAL PREMIUMS MINIMUM PREMIUMS		\$	/\$ /\$	/\$ /\$	

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

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GARAGE DECLARATIONS



POLICY NUMBER	Policyholder Service Office: Producer: *				
PREVIOUS POLICY NUMBER *					
ITEM ONE NAMED INSURED: MAILING ADDRESS: *					
POLICY PERIOD: * From:	To:		At 12:01 A.M. Stand	dard Time at your mailing address sh	own above.
FORM OF BUSINESS: * CORPORA	TION INDIVIDUAL	LIMITED LIABIL	ITY COMPANY	PARTNERSHIP OTHER	
IN RETURN FOR THE PAYMENT OF THE PRESTATED IN THIS POLICY.	EMIUM, AND SUBJECT TO ALL	THE TERMS OF THIS	S POLICY, WE AGRE	EE WITH YOU TO PROVIDE THE IN	SURANCE AS
ITEM TWO SCHEDULE OF COVERAGES A This policy provides only those coverages where "autos". "Autos" are shown as covered "autos" f next to the name of the coverage. Entry of a sym	e a charge is shown in the premiu for a particular coverage by the er	ntry of one or more of	the symbols from the	will apply only to those "autos" shown Covered Autos Section of the Garage	as covered Coverage Form
COVERAGES	COVERED AUTOS		LIMIT		PREMIUM
LIABILITY			Garage Operations"	Aggregate-"Garage Operations"	\$
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
PERSONAL INJURY PROTECTION		\$ SEPARATELY STA	\$ TED IN EACH P.I.P.	\$ ENDORSEMENT	\$
(or equivalent No-Fault Coverage) ADDED PERSONAL INJURY PROTECTION		MINUS \$	DED.	D P.I.P. ENDORSEMENT.	\$
(or equivalent Added No-Fault Coverage) PROPERTY PROTECTION INSURANCE			TED IN THE P.P.I. EI		\$
(Michigan Only)		MINUS \$		OR EACH ACCIDENT.	*
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BEN (Virginia Only)	IEFITS		TED IN EACH MEDIONEFITS ENDORSEM		\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY STA	TED FOR EACH LOC	CATION IN ITEM SIX	\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY STA	TED FOR EACH LO	CATION IN ITEM SIX	\$
GARAGEKEEPERS					\$
COLLISION COVERAGE PHYSICAL DAMAGE		ACTUAL CASH VA		EPAIR, WHICHEVER IS	\$
COMPREHENSIVE COVERAGE				FACH COVERED AUTO, SS CAUSED BY FIRE OR SS "Autos"	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VA LESS, MINUS \$	LUE OR COST OF RI DED. FOR E MISCHIEF OR VAND	EPAIR, WHICHEVER IS EACH COVERED AUTO FOR	\$
PHYSICAL DAMAGE COLLISION COVERAGE			LUE OR COST OF RI DED. FOR E	EPAIR, WHICHEVER IS EACH COVERED AUTO.	\$
PHYSICAL DAMAGE				A Private Passenger "Auto".	\$
TOWING AND LABOR	<u> </u>	<u> </u>	PREMIUM FOR EN	DORSEMENTS	\$
			MICHIGAN CCA S	URCHARGE	\$
			ASSESSMENTS A	ND SURCHARGES	\$
Total shown is payable at inception: \$			**ESTIMATED TOT	AL PAYABLE	\$
				e subject to final audit.	•
AUDIT PERIOD (IF APPLICABLE)	ANNUALLY SEMI-ANN	IUALLY 🗌 QUA	RTERLY MO	NTHLY	
ENDORSEMENTS ATTACHED TO THIS POLICE	CY: =				
COUNTERSIGNED *		BY*			
	(Date)			(Authorized Representative)	

ITEM THREE—LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

II EIVI IIIIXEI	E-EGGATIONS WHERE TOO CONDOCT CARAGE OF ERATIONS
LOCATION	ADDRESS—State Your Main Business Location First
NO.	
1	
2	

ITEM FOUR—LIABILITY COVERAGE—PREMIUMS

LOCATION NO.	CLASSES OF OPERATORS	RATING FACTOR(S)	NUMBER OF PERSONS	RATING UNITS	TOTAL RATING UNITS	LIABILITY PREMIUM	PERSONAL INJURY PROTECTION PREMIUM	PROPERTY PROTECTION INSURANCE PREMIUM (MI Only)	MEDICAL EXPENSE BENEFITS PREMIUM (VA Only)	INCOME LOSS BENEFITS PREMIUM (VA Only)
1	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
2	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
	_		TOTAL PREMIU	MS FOR ALL I	LOCATIONS	\$	\$	\$	\$	\$

Definitions

Class I—Employees

Regular Operator — Proprietors, partners and officers active in the "garage operations," salespersons, general managers,

service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others — All other "employees".

Note: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.

2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II—Non-Employees Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE—LIABILITY COVERAGE FOR YOUR CUSTOMERS

Unless indicated by "\sum below, limited liability coverage is provided for your customers in accordance with paragraph a.(2)(d) of Who Is An Insured under Section II—Liability Coverage.

☐ If this box is checked, Paragraph a.(2)(d) of Who Is An Insured under Section II—Liability Coverage does not apply.

ITEM SIX—GARAGEKEEPERS COVERAGES AND PREMIUMS

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	PREMIUM FOR ALL LOCATIONS
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO	
	Of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	
		\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
		\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO	
	Of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	
		\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
		\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
		TOTAL PREMIUM FOR ALL LOCATIONS	\$

DIRECT COVERAGE OPTIONS Indicate below with an " " which, if any, Direct Coverage Option is selected.

EXCESS INSURANCE If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.
PRIMARY INSURANCE If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customers auto" and is primary insurance.

CA DEC GN 0008 08 08 Page 2 of 4

ITEM SEVEN—PHYSICAL DAMAGE COVERAGE—TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS—PREMIUMS—REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "\(\tilde{\text{\text{T}}} \).

COVERAGES	T	YPES OF "AUTOS"			INTERESTS COVERED					
	New "Autos"	Used "Autos," Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	All Interests In Any "Auto" Not Own By You Or Any Creditor While In Yo Possession On Consignment For Sale						
Comprehensive										
Specified Causes of Loss										
Collision										
LOCATION NO.	COVERAG	GES	LIMI	DUCTIBLE	RATES	PREMIUM				
1	Compreher Specified Ca Of Los	auses FOR LOS s \$ \$	MINUS \$ S CAUSED BY THEFT OR MAXIMUM D MINUS \$ MAXIMUM D	\$	\$					
LOCATION NO.	COVERAG	GES	LIMI	T OF INSURANCE AND DE	DUCTIBLE	RATES	PREMIUM			
2	Compreher Specified Co Of Los	auses FOR LOS	MINUS \$ S CAUSED BY THEFT OR MAXIMUM D MINUS \$ MAXIMUM D	\$	\$					
All	Collisio	on \$	MINUS \$	DEDUC [*] ANKET ANNUAL COLLISIO	TIBLE FOR EACH COVERED AUTO. N RATES	Adjustment Factor				
			First \$50,000	\$50,001 To \$100,000	Over \$100,000	┦ ——	\$			
			<u> </u>		TOTAL PREMIUM FOR ALL LOCATIONS		\$			

	All	Collision	\$ MINUS	BLANKET ANNUAL C		OR EACH COVERED AUTO.	Adjustment Factor	
			First \$50,000	\$50,001 To \$10		Over \$100,000	1 actor	
				, , , , , , , , , , , , , , , , , , , ,				\$
					TOTAL	L PREMIUM FOR ALL LOCATIONS		\$
O \$		surance for "loss" at loca	ations other than those sta		E.			
·		•	or Monthly) or Nonreporting			⊠")		
	REPORTIN	IG BASIS (Quarterly or I	Monthly as indicated below	w bv "⊠")				
	as Location "employees than those	n No. 1, you must inclus" or family members ar stated in ITEM THREE.	ide the total value of all nd other Class II—Non-E	covered "autos" yemployees, and cov	ou have furr vered "autos	at each such location. For your sished or made available to that are temporarily displayalue of all service vehicles.	yourself, your	executives, your
	QUAR					h after the policy begins. Yo for the last business day of		
		FHLY —You must give use the preceding month.	s your reports by the fifted	enth of every mont	h. Your repo	orts will contain the total valu	es you had on t	he last business
	monthly pre		premiums to determine yo			n each report. At the end of natire policy year. The estimat		
	NONREPO	RTING BASIS—Stated	limit of insurance shown a	above applies.				
L	oss Payee—	Any loss is payable as ir	nterest may appear to you	ı and:				

TEM EIGHT—MEDICAL PAYMENTS COVERAGE—REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.									
COVERAGE	PREMIUM DETERMINATION			PREMIUM					
Auto Medical Payments Only	Auto Medical Payments Premium Equals	%		\$					
Premises And Operations Medical Payments	Premises And Operations	<u></u>	Of The Liability						
(Does Not Apply To Bodily Injury Caused By Any Auto)	Medical Payments Premium Equals	%	Premium.	\$					
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals	%		\$					

CA DEC GN 0008 08 08 Page 3 of 4

GARAGE DECLARATIONS (Continued)

ITEM NINE—SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

Auto				DES	CRIPTION					PURCHASED					TERRITORY			
Auto			Year	, Model, Tra	ade Name,	Body Typ	е				Original		Actual Cost 8		Town &	State Wher	e The Covered	i
No.			Serial Numb	er (s) Vehic	le Identifica	tion Num	ber (VIN)				Cost New	N	EW (N) USED	(U)	Auto Will Be Principally Garaged			
1										\$		\$						
2										\$		\$						
					CLAS	SIFICAT	ION											
Covered	Radi		Business Use	Size GVW		Age		Primary				Code	EXCEPT For T	owing, All P	hysical Dama	ge Loss Is F	Payable To You	ı And
Auto	Of		=service	Or Veh		Group		Rating			Rating The Loss Payee Named Below As Inter			elow As Intere	sts May App	pear At The Tir	ne Of	
	Opera		=retail	Seating C	apacity			Factor		F	actor		The Loss.					
No.		С	=commercial				Liab.	Phy. Dar	nage									
1																		
2																		
Covered Auto No.	LIAB Limit	ole or limit		INJURY	Means that ADDED P.I.P. Limit *	PROT (Mi	ROPERTY ECTION (P. chigan Only it* Prer	P.I.) P/) MEDIO AND I BENE	O ME AYMEI CAL E: NCON :FITS - Only	DICAL NTS/ XPENSE ME LOSS - Virginia	COMPREMENTAL COMPR		SPECII CAUS OF LO	FIED	COLLIS	SION Premium	TOWING 8	k LABOR
	(In Thou- sands)		Minus Deductible Shown Below		Premium	Mini Deduc Sho Beld	ctible wn				Minus Deductible Shown Below		Minus Deductible Shown Below		Minus Deductible Shown Below		Per Disablement	İ
1	\$	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$	\$	\$
2 (tal Premiu							•		•							•		

ITEM TEN—LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS—NON-FRANCHISED DEALERS ONLY

1	NUMBER OF DRIVER TRIPS	RATE	PREMIUM				
51-200 Miles			\$				
Over 200 Miles			\$				
		TOTAL PREMIUM(S)	\$				

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BUSINESS AUTO PHYSICAL DAMAGE DECLARATIONS

POLICY NUMBER	Policyholder Service Off	ice: Producer:	
PREVIOUS POLICY NUMBER			
ITEM ONE			
NAMED INSURED: MAILING ADDRESS:			
POLICY PERIOD: From:	To:	at 12:01 A.M. Standard Time at your mailing address sh	lown above.
FORM OF BUSINESS: CORPORATION INDIVIDUAL	LIMITED LIABILITY COM	PANY PARTNERSHIP OTHER	
IN RETURN FOR THE PAYMENT OF THE PR STATED IN THIS POLICY.	EMIUM, AND SUBJECT TO ALL T	HE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSU	JRANCE AS
ITEM TWO SCHEDULE OF COVERAGES AND COV	ERED AUTOS		
	for a particular coverage by the er	ium column below. Each of these coverages will apply only to those "autos" so htry of one or more of the symbols from the Covered Autos Section of the Busin	
COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
	(Entry of one or more of		
	the symbols from the	THE MOST WE WILL PAY FOR ANY	
	Covered Autos Section	ONE ACCIDENT OR LOSS	
	of the Business Auto		
	Physical Damage		
	Coverage Form		
	shows which autos		
	are covered autos.)		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE		See ITEM FOUR For Hired Or Borrowed "Autos". \$ For Each Disablement Of A Private Passenger "Auto".	\$
TOWING AND LABOR		PREMIUM FOR ENDORSEMENTS	\$
		ASSESSMENTS AND SURCHARGES	\$
		*ESTIMATED TOTAL PAYABLE	\$
Total shown is payable at inception: \$		* This policy may be subject to final audit.	
AUDIT PERIOD (IF APPLICABLE)	ANNUALLY SEMI-ANNU	ALLY	
ENDORSEMENTS ATTACHED TO THIS POL	CY:		
COUNTERSIGNED	(Date)	BY(Authorized Representative)	

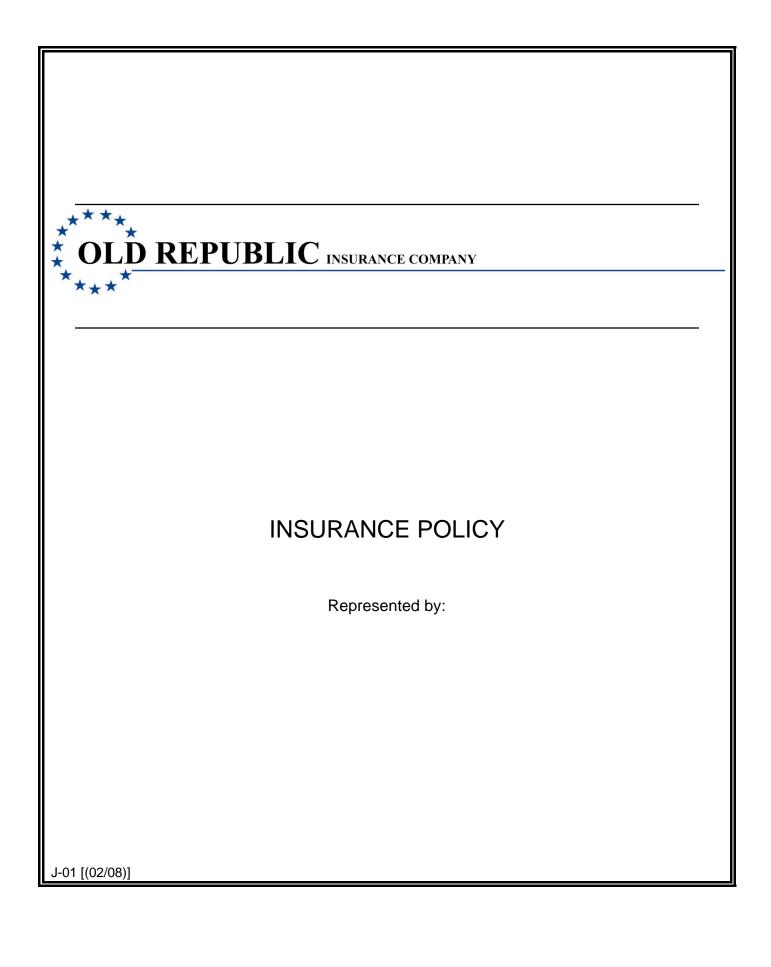
BUSINESS AUTO PHYSICAL DAMAGE DECLARATIONS (Continued)

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

			D	ESCRIP	TION						PURC	CHA	SED		TERRITO	RY
Covered Auto No.		Year, Model, Trade Nam Serial Number(s) Vehicle Identif								Cost New NEW		Actual Cost NEW (N) USED (U)	,	own & State Where Auto Will Be Principa		
1 2 3 4 5										\$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$				
		CLASSIFICATION														
Covered Auto No.	Radius Of Operation					Age Group	Primary S Rating Factor Liab. Phy.			econdary Rating Factor	Code	÷	EXCEPT For Towing Payable To You And As Interests May Ap		The Loss Payee Na	amed Below
1 2 3 4 5																
Covered	COVERAGE	S-PREMIUMS,	LIMITS	AND DI	EDUCT	IBLES								· ITENA	T.N.O. I. I.	
Auto No.		a deductible or OMPREHENSI		try in an				at the limit OF LOSS		eductible entry in the corresponding ITEM COLLISION			ling ITEM	TOWING AN		
	Limit Stat TWO Min	Limit Stated in ITEM TWO Minus Deductible Shown Below		Limit	Limit Stated In ITEM TWO Minus Deductible Shown Below		Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below		EM F	Premium	Limit Per Disablement	Premium		
1 2 3 4 5	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ \$		\$ \$ \$ \$ \$			\$ \$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$	* * * * * * * * * * * * * * * * * * * *		
Total Premium		_	\$				_	\$		_			- \$			\$

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

PHYSICAL DAMAGE COV	/ERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM	
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$	
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$	
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	
	•	•	TOTAL PREMIUM	\$	



INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY

[133 Oakland Avenue Greensburg, Pennsylvania 15601] A Stock Company

Secretary

President

OLD REPUBLIC

Corporate Offices

[307 North Michigan Avenue
Chicago, Illinois 60601

(312) 346-8100

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: CA AR0198101F01

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Old Republic Independent CA Forms

Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 09/03/2008

Property & Casualty

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Review Status:

Satisfied -Name: Filing Memorandum, CA DEC GN Approved 09/03/2008

0003 markup, CA DEC GN 0006 markup, CA DEC GN 0007 markup, CA DEC GN 0008 markup, Policy

Jacket markup

Comments:

Attachments:

Filing Memorandum.PDF

CA DEC GN 0003 markup.PDF

CA DEC GN 0006 markup.PDF

CA DEC GN 0007 markup.PDF

CA DEC GN 0008 markup.PDF

Policy Jacket markup.PDF

Property & Casualty Transmittal Document

1.	Reserved for Insurance I Use Only	Pept.	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes						
3.	Group Name								Group NAIC #
	Old Republic Insurance Grou	ıp					0150		
4.	Company Name(s)				Domicile	NAIC #	FEIN :	#	State #
	Old Republic Insurance Com	pany			PA	24147	25-04	10420	
1	•	-							
-									
-									
-									
-									
5.	Company Tracking Numbe	r	CA AF	R019810)1F01				
Conta	ct Info of Filer(s) or Corpora	te Office	r(s) [includ	de toll-fre	ee number]				
6.	Name and address		tle		ohone #s	FAX	#		e-mail
	Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601		Filings alyst		621-0365 i. 4532	312-762	2-4950 jwood		@oldrepublic.com
7. 8.	Signature of authorized file)r	godi Wood					
l.	Please print name of author				Woods				
	Information (see General Ins	tructions	for descript			uto			
9. 10.	Type of Insurance (TOI) Sub-Type of Insurance (Su	h-TOI)			ommercial A 3 Other	นเบ			
11.	State Specific Product cod			20.000	0 0 11 101				
	applicable) [See State Specific								
12.	Company Program Title (M	arketing Ti	tle)		ercial Auto P), doo		Detec/Dules
13.	13. Filing Type			⊠ For	e/Loss Cost ms hdrawal				Rates/Rules es/Rules/Forms iption)
14.	Effective Date(s) Requeste	d		New:	11/01/08		Ren	ewal:	11/01/08
15.	Reference Filing?	onnliaaki	.\	☐ Yes	s 🛛 No				
16. 17.	Reference Organization (if Reference Organization # 8		<i>;)</i>						
18.	Company's Date of Filing	A 11110		09/02/0	08				
19.	Status of filing in domicile					Pending	Aut	horized	Disapproved

PC TD-1 pg 1 of 2 © 2007 National Association of Insurance Commissioners

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CA AR0198101F01

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information. We are also submit new Decalaration page CA DEC GN 0026 08 08. CADEC0000 is being withdrawn.

We request an effective date of 11/01/08.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.)
	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	· · · · · · · · · · · · · · · · · · ·
	Check #:
	Amount:

Refer to each state's checklist for additional state specific requirements or instructions on

PC TD-1 pg 2 of 2

calculating fees.

^{***}Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Old Republic Insurance Company Commercial Automobile Program Form Filing Memorandum

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. The only changes to the current versions on file are the company logo and edition dates. We attach mark up versions for your information.

Policy Jacket - Manual J-01 (02/08) replaces J-01-03-05:

- This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:
 - (1) Insurer company address
 - (2) Insurance company group corporate address and phone number
 - (3) Signature of Secretary
 - (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Business Auto Declarations CA DEC GN 0003 08 08 replaces CA DEC GN 0003 04 06.

Truckers Declarations CA DEC GN 0006 08 08 replaces CA DEC GN 0006 04 06.

Motor Carrier Declarations CA DEC GN 0007 08 08 replaces CA DEC GN 0007 04 06.

Garage Declarations CA DEC GN 0008 08 08 replaces CA DEC GN 0008 04 06.

Business Auto Physical Damage Declarations CA DEC GN 0026 08 08 new Declaration page.

Withdrawn Form Listing

D = Declaration

		D Dociaration	
Form #	Edition	Form	Type of
	Date	Title	Form
CADEC0000	07 05	Commercial Auto Declaration	D

We withdraw obsolete Commercial Auto Declaration CADEC0000 07 05.

OLD REPUBLIC INSURANCE COMPANY **** Greensburg, Pennsylvania A Stock Company	BUSINESS AUTO DECLARATIO	DNS	\ \	,	**** OLD REPUBL
POLICY NUMBER	Policyholder Service Office:	Producer: *	\ \ *	\\. \\ \\	Deleted: Formatted Table Deleted: ¶ ¶
PREVIOUS POLICY NUMBER * ITEM ONE NAMED INSURED:				`\\	Deleted: ¶ Greensburg, Pennsylvania A Stock Company¶
MAILING ADDRESS: * POLICY PERIOD: * From:	To:	at 12:01 A.M. Standard Time at your mailing address shown ab	ove.	l	Formatted Table

OTHER

FORM OF BUSINESS: *

STATED IN THIS POLICY.

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS

☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP

COVERAGES	COVERED AUTOS	LIMIT	PREMIUN
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR FOr Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
TOWING AND LABOR		PREMIUM FOR ENDORSEMENTS	\$
		[MICHIGAN CCA SURCHARGE]	\$
		[ASSESSMENTS AND SURCHARGES]	\$
		**ESTIMATED TOTAL PAYABLE	\$
Total shown is payable at inception: \$		** This policy may be subject to final audit.	l
AUDIT PERIOD (IF APPLICABLE) ANN	IUALLY SEMI-ANNI	JALLY QUARTERLY MONTHLY	
ENDORSEMENTS ATTACHED TO THIS POLICY	:=		
COUNTERSIGNED *		BY*	
	(Date)	(Authorized Representative)	

^{*} Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

			DESCRIF	PTION				PURC	CHASED		TERRITO	RY
Covered Auto No.			Model, Trade Ner(s) Vehicle Ide)	Origi Cost I	nal New	Actual C NEW USED	(N)	Town & State Where Auto Will Be Principa	
1 2 3 4 5							\$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$			
				CLASSIFICATIO					EVOE	·	All DI	
Covered Auto No.	Radius Of Operation	Business Us s = service r = retail c = commerc	GCV Veh	V or Group icle ting	р	Primary Rating Factor . Phy. Dam.	Secondary Rating Factor	Code	Payabl	e To You Ar	ng, All Physical Dama nd The Loss Payee Na Appear At The Time O	amed Below
1 2 3 4 5												
Covered			LIMITS AND D		v means	that the limit o	or deductible e	entry in t	the correspo	onding ITEM	/I TWO column applie	s instead)
Auto No.	L	IABILITY	PEI	RSONAL INJUF		ECTION	A	ADDED I	P.I.P.	PR	OP. PROTECTION (I	/lichigan only)
	Limit	Prem	P	Limit Stated In Each I.P. End. Minus ctible Shown Be		Premium	Limit Stated In E Added P. End.		Premiur		Limit Stated In P.P.I. d. Minus Deductible Shown Below	Premium
1 2 3 4 5	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$ \$ \$			\$ \$ \$ \$ \$ \$ \$			\$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$		\$ \$ \$ \$
Total Premium	_	\$	_		_	s	_	_	s		-	\$
Covered Auto No.	(Absence of	S-PREMIUMS,	INCO		v means PENSE A EFITS (V	that the limit o	or deductible e	entry in t	T	onding ITEM	/I TWO column applie	
				or Each Person								
1 2 3 4 5	\$ \$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$ \$ \$			\$ \$ \$ \$						
Total Premium	_	- \$				\$						
Covered Auto No.	d COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES											
	Limit Stat TWO Min	ed in ITEM	Premium	Limit Stated TWO Minus tible Shown	Deduc-	Premium	TWO M	Stated In linus De own Bel	ductible	Premium	Limit Per Disablement	Premium
1 2 3 4 5	\$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$	\$ \$ \$ \$ \$ \$			\$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$
Total Premium	_	_	\$	-		\$	_		_	\$		\$

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BUSINESS AUTO DECLARATIONS (Continued)

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

STATE	IG BASIS, COST OF HIRE ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
			(
	\$	\$		\$
LIABILITY COVERAGE-RATIN	IG BASIS, NUMBER OF DAYS (FOR MC	BILE OR FARM EQUIPMENT-REI	NTAL PERIOD BASIS)	
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
	\$	\$		\$
	\$	\$	TOTAL PREMIUM	\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVER				
COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$

ITEM FIVE | SCHEDULE FOR NON-OWNERSHIP LIABILITY | ___

Deleted: INCLUDED IN ITEM TWO, LIABILITY COVERAGE

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
_		TOTAL PREMIUMS	\$

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ITEM SIX SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE-PUBLIC AUTO OR LEASING RENTAL CONCERNS

LOCATION NO.:	ADDRESS:							
ESTIMATED YEARLY:		F	RATES			PREMIL	JMS	
Gross Receipts (Per \$100)		Gross Rece	eipts (Per \$100)				
Mileage (Per Mile)		Mileage (Pe	er Mile)					
(i el iville)	LIABILITY COVERAGE	MEDIC	AL EXPENSE	AL PAYMENTS/ BENEFITS (VA Only)/ ENEFITS (VA Only)	LIABILITY COVERAGE	MEDICA	UTO MEDICAL I L EXPENSE BE ME LOSS BENE	NEFITS (VA Only)/
	\$	\$	/\$	/\$	\$	\$	/\$	/\$
		l		MINIMUM PREMIUMS:	\$	\$	/\$	/\$
LOCATION NO.:	ADDRESS:							
ESTIMATED YEARLY:		F	RATES			PREMIL	JMS	
Gross Receipts (Per \$100)		Gross Rece	eipts (Per \$100)				
Mileage (Per Mile)		Mileage (Pe	er Mile)					
	LIABILITY COVERAGE	MEDICA	AL EXPENSE E	L PAYMENTS/ BENEFITS (VA Only)/ NEFITS (VA Only)	LIABILITY COVERAGE	MEDICA	UTO MEDICAL I LL EXPENSE BE ME LOSS BENE	NEFITS (VA Only)/
	\$	\$	/\$	/\$	\$	\$	/\$	/\$
	l			MINIMUM PREMIUMS:	\$	\$	/\$	/\$
TOTAL PREMIUMS								
	MINIMUM LIABILITY COVERAGE	MEDIC	AUTO MEDICA AL EXPENSE	MUM AL PAYMENTS/ BENEFITS (VA Only)/ ENEFITS (VA Only)	LIABILITY COVERAGE	MEDICA	UTO MEDICAL I L EXPENSE BE ME LOSS BENI	NEFITS (VA Only)/
	\$	\$	/\$	/\$	\$	\$	/\$	/\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

***** * OLD REPUBLIC INSURANCE COMPANY	TRUCKERS D	ECLARATIONS	
Greensburg, Pennsylvania A Stock Company POLICY NUMBER	Policyholder Service Office:	Producer: *	
PREVIOUS POLICY NUMBER *			
ITEM ONE NAMED INSURED: MAILING ADDRESS: *			
POLICY PERIOD: * From	to a	at 12:01 A.M. Standard Time at your mailing address shown above.	
FORM OF BUSINESS: * CORPORATION INDIVIDUAL	LIMITED LIABILITY COMPANY	PARTNERSHIP OTHER	
IN RETURN FOR THE PAYMENT OF THE PRAS STATED IN THIS POLICY.	REMIUM, AND SUBJECT TO ALL THE T	TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE	INSURANCE
	re a charge is shown in the premium col	umn below. Each of these coverages will apply only to those "autos" sho	
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY PERSONAL INJURY PROTECTION		\$ SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS	\$
(or equivalent No-Fault Coverage)		\$ DED.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS MEDICAL EXPENSE AND INCOME LOSS		\$ \$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND	\$
BENEFITS (Virginia Only)		INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	\$
	-1	PREMIUM FOR ENDORSEMENTS	\$
		[MICHIGAN CCA SURCHARGE]	\$
		[ASSESSMENTS AND SURCHARGES]	\$
Total shown is payable: \$ AUDIT PERIOD (IF APPLICABLE)	at inception. NNUALLY SEMI-ANNUALLY ICY: =	**ESTIMATED TOTAL PAYABLE ** This policy may be subject to final audit. QUARTERLY	\$

(Date)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

BY*

COUNTERSIGNED *

(Authorized Representative)

. D REPUBI

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Deleted: ¶ Greensburg, Pennsylvania A Stock Company¶

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ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

1			DESCRIF	PTION			PURCH	ASED		TERRITO)RY		- Farman Hard Table
Covered			lel, Trade N	lame, Body Type						own & State Where	e The Covered	-	Formatted Table
Auto No.		Serial Number (s)	Vehicle Ide	entification Number (V	'IN)	Origina Cost Ne	ew	Actual Cos NEW USED	(N)	Auto Will Be Princip	oally Garaged	_	
1 2 3 4 5						\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$						
			CLASSIFIC				•		•			-	
Covered Auto No.		Business Use s = service r = retail c = commercial	Size G GCW Vehi Seati Capa	Or Group cle ng Lia	Primary Rating Factor ab. Phy. Dam	Secondary Rating Factor	Code	Payable	To You And	g, All Physical Dan d The Loss Payee I opear At The Time	Named Below	-	
1 2 3 4 5												_	
Covered		-PREMIUMS, LIMI deductible or limit		EDUCTIBLES ly column below mear	ns that the limit o	r deductible en	ntry in the	e correspo	nding ITEM	TWO column appli	ies instead.)		
Auto No.	LIA Limit	ABILITY Premium		RSONAL INJURY PR tated In Each	OTECTION Premium	ADI Limit Stated	DED P.I.	P. Premium		RTY PROTECTIO ated In P.P.I.	N (Michigan Only) Premium		
		1.1011114111	P.I.P. B	End. Minus tible Shown Below		In Each Added P.I.P. End.				nus Deductible			
1	\$	\$	\$		\$		\$		\$		\$		
2	\$ \$	\$ \$	\$ \$		\$ \$ \$		\$ \$		\$ \$		\$		
4 5	\$ \$	\$ \$	\$		\$ \$		\$		\$		\$		
Total Premium	_	\$	_	-	\$	_	_ \$			-	\$	•	
Ī		-PREMIUMS, LIMI			- 46 -4 46 - 1334 -		4		ITEM	TMO	: !4d \	•	
Covered Auto No.		CAL PAYMENTS		y column below mear MEDICAL EXPENSE	AND	r deductible en	itry in the	e correspo	naing ITEM	TWO column appli	les instead.)		
ŀ	Limit	Premium	INCOM	ME LOSS BENEFITS Limit	(Virginia Only) Premium				<u> </u>			•	
l				ed In Each Medical se And Income Loss									
ı				Benefits End. or Each Person									
	_			or Laciff erson								•	
1 2	\$		\$		-\$ \$	*						1	Formatted: Font: Bold
3 4	\$ \$	\$ \$	\$		\$ \$							1111	Formatted: Font: Bold
5	\$	\$	\$		\$							11117	Formatted: Left
Total	_	\$		_	\$							1117	Formatted: Font: Bold
Premium	COVERAGES	-PREMIUMS, LIMI	TS AND D	EDUCTIBLES								- 111	Formatted: Font: Bold
Covered Auto No.	(Absence of a	deductible or limit	entry in ar	y column below mear SPECIFIED CAU		r deductible en		e correspo	nding ITEM	TWO column appli		. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Formatted: Centered
	Limit Stated	d In ITEM F	remium	Limit Stated In ITE		Limit St	tated In	ITEM	Premium	Limit Per Disablement	Premium	• :	Formatted: Left
!	TWO Minus Deductible TWO Minus Deductible									Disablement			Formatted Table
	Shown	Below		Shown Below			own Belo	OW					
1 2	\$ \$	\$		\$ \$	\$ \$	\$ \$			\$ \$	\$ \$	\$ \$		
3	\$	\$		\$	\$	\$			\$	\$	\$		
4 5	\$ \$	\$		\$ \$	\$ \$	\$ \$			\$ \$	\$ \$	\$ \$		
Total		\$			\$				\$		\$	-	
Premium		·			·							-	

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ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERA	GE-RATING BASIS, COST OF HIRE	- AUTOS USED IN YOUR TRUCKING OPER	ATIONS			
	ATED COST OF HIRE	RATE PER EACH \$100 COST OF H		TOTAL ES	STIMATED I	PREMIUM
\$		\$	\$			
LIABILITY COVERA	GE - RATING BASIS, COST OF HIRI	E - AUTOS NOT USED IN YOUR TRUCKING	OPERATIONS			
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage			PREMIUM
	\$	\$			\$	
			TOTA	L PREMIUM	\$	
IABILITY COVERA	CE-PATING BASIS NI IMBED OF DA	YS - (FOR MOBILE OR FARM EQUIPMENT-	PENTAL PERIOD RASI	8)		
STATE ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		BASE PREMIUM	FACTOR			PREMIUM
	Equi ment weepe nemes	\$			\$	
	•		TOTA	L PREMIUM	\$	
PHYSICAL DAMAGE	COVERAGE					
COVERAGES	LI	MIT OF INSURANCE E MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PE \$100 AI COST C	NNUAL	PREMIUM
LESS, MINUS \$		R COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO, PPLIES TO LOSS CAUSED BY	\$	\$		\$
CAUSES OF LOSS LESS, MINUS \$		OR COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO MISCHIEF OR VANDALISM.	\$	\$		\$
COLLISION	ACTUAL CASH VALUE C LESS, MINUS \$	OR COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO.	\$	\$		\$
				TOTAL	DDEMILIM	¢

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
	TOTAL	\$

Deleted: INCLUDED IN ITEM
TWO, LIABILITY COVERAGE

TRUCKERS DECLARATIONS (CONTINUED)

ITEM SIX TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM	•	
COMPREHENSIVE		\$	\$	·	
SPECIFIED	<u>*</u>			De	eleted: STATED
CAUSES OF LOSS	V		t		eleted: IN
COLLISION		\$	\$. ` ` De	eleted: ITEM TWO
		TOTAL PREMIUM	\$		

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts			RATES 0 Gross Receip	ots	PREMIUMS					
	LIABILITY COVERAGE		AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)			LIABILITY OVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)			
\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$	/\$ /\$ /\$ /\$	/\$ /\$ /\$	\$ \$ \$		\$ \$ \$ \$	/\$ /\$ /\$ /\$	/\$ /\$ /\$ /\$	
				TOTAL PREMIUMS: MINIMUM PREMIUMS:	•		\$	/\$ /\$	/\$ /\$	

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

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 pwynne
 8/25/2008 10:34 AM

 MAILING ADDRESS: *
 *

***** * OLD REPUBLIC INSURANCE COMPANY ***********************************	MOTOR CARRIER	DECLARATIONS		1	
Greensburg, Pennsylvania A Stock Company					* * *
POLICY NUMBER	Policyholder Service Office:	Producer: *		Deleted: Deleted: ¶	
PREVIOUS POLICY NUMBER *			◆ ,		¶ Formatted Table
ITEM ONE NAMED INSURED:			4		Deleted: ¶ Greensburg, Pennsy
MAILING ADDRESS: *			١	<u>₹</u> \\\ \	A Stock Company¶
POLICY PERIOD: * From:	To: a	at 12:01 A.M. Standard Time at your mailing address shown above		-1 11 1 11	Formatted: Inden Right: -0.08"
FORM OF BUSINESS: * CORPORATION INDIVIDUAL	LIMITED LIABILITY COMPANY	PARTNERSHIP OTHER		- ", ',' - ", ','	Formatted Table
IN RETURN FOR THE PAYMENT OF THE PRAS STATED IN THIS POLICY.	REMIUM, AND SUBJECT TO ALL THE TE	ERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE I	NSURANCE	17	line: 0.18"
ITEM TWO				,	Deleted: MAILING
	re a charge is shown in the premium colur for a particular coverage by the entry of or	mn below. Each of these coverages will apply only to those "autos" shore or more of the symbols from the Covered Autos Section of the Motor		1	Formatted Table
Coverage Form flext to the flame of the covera	COVERED AUTOS	LIMIT		-	
COVERAGES	(Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM		
LIABILITY		\$	\$	<u>-</u>	
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$	_	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$	_	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$	_	
MEDICAL PAYMENTS MEDICAL EXPENSE AND INCOME LOSS		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND	\$	-	
BENEFITS (Virginia Only) UNINSURED MOTORISTS		INCOME LOSS BENEFITS ENDORSEMENT.	\$	-	
UNDERINSURED MOTORISTS		<u> </u>	\$	-	
(When not included in Uninsured Motorists Coverage))			_	
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS. ACTUAL CASH VALUE, COST OF REPAIR, OR	\$	_	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		\$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$		
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	-	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	=	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	-	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	_	
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$	-	
I O WING AND LADOR	L	PREMIUM FOR ENDORSEMENTS	\$	-	
		[MICHIGAN CCA SURCHARGE]	\$	_	
		[ASSESSMENTS AND SURCHARGES] **ESTIMATED TOTAL PAYABLE	\$	_	
Total shown is payable: \$	at inception.	** This policy may be subject to final audit.	ĮΨ	-	
AUDIT PERIOD (IF APPLICABLE)	ANNUALLY SEMI-ANNUALLY	☐ QUARTERLY ☐ MONTHLY			

(Authorized Representative)

Total shown is payable: \$
AUDIT PERIOD (IF APPLICABLE) ANNUALLY
ENDORSEMENTS ATTACHED TO THIS POLICY: =

* Entry optional if shown in the Common Policy Declarations.
= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

BY *

CA DEC GN 0007 <u>04 0608 08</u>

COUNTERSIGNED *

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ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

				DESCRI	PTION				PURC	HASED		TERRITO	RY			
	Covered			Model, Trade	Name, Body Type			0				wn & State Where	The Covered	į.		
	Auto No.		Serial Numbe	r (s) Vehicle Id	entification Numb	er (VIN)		Origina Cost Ne	al ew	Actual Co NEW USED	(N)	uto Will Be Princip	ally Garaged			
l	1 2 3 4 5							\$ \$ \$ \$ \$		\$ \$ \$ \$						
	Covered Auto No.	Radius Of Operation	Business Us s = service r = retail c = commerci	GCW Veh	GVW, Age / Or Group icle ting	Prim Rat Fac Liab.	ing	Secondary Rating Factor	Code	Payabl	e To You And	, All Physical Dam The Loss Payee I bear At The Time	Named Below			
	1 2 3 4 5															
	Covered	(Absence of	S-PREMIUMS, a deductible or	LIMITS AND D	EDUCTIBLES ny column below r	neans tha	at the limit or	deductible e	ntry in 1	the corresp	onding ITEM 1	WO column appli	es instead.)			
	Auto No.		IABILITY Premi	PE	RSONAL INJURY Stated In Each	PROTEC			DED P		PROPER	RTY PROTECTIO ed In P.P.I.		•		
		Limit	Fielii	P.I.P.	End. Minus etible Shown Belov		remum	In Each Added P.I.P End.		Fremium		us Deductible	Fielilidiii			
I	1	\$	\$	\$		\$			\$		\$		\$			
	2 3	\$ \$	\$	\$		\$			\$		\$ \$		\$ \$			
	4 5	\$ \$	\$ \$	\$		\$			\$		\$		\$ \$			
	Total		\$			\$			\$	<u> </u>			\$	•		
	Premium	00\/ED405		LIMITO AND F	EDITOTIDI EO			_	ľ				*	į.		
	Covered	(Absence of a		limit entry in a	ny column below r			r deductible e	ntry in	the corresp	onding ITEM T	WO column appli	es instead.)			
	Auto No.	AUTO MED	DICAL PAYMEN	ITS INCO	MEDICAL EXPE ME LOSS BENEF	:NSE ANI ITS (Virgi	o nia Only)									
		Limit	Premi		Limit ed In Each Medica		remium									
					nse And Income Lo Benefits End.											
				F	or Each Person											
I	1	\$	\$	\$		\$_		A						<u> </u>	Formatted: Font: Bold	
	2 3	\$ \$	\$	\$ \$		\$								111/2	Formatted: Font: Bold	
	4 5	\$ \$	\$ \$	\$		\$								111	Formatted: Font: Bold	
	Total		\$			\$								111	Formatted: Left	
	Premium	COVERAGE	S-PREMIUMS,	LIMITS AND D	SEDI ICTIBLES	Ľ								1,7	Formatted: Left	
	Covered	(Absence of	a deductible or	limit entry in a	ny column below r	neans tha	t the limit or	deductible e			onding ITEM 1			٠ `	Formatted: Font: Bold	
	Auto No.	Limit Stat	OMPREHENSI\ ed In ITEM	Premium	SPECIFIED (Limit Stated In	ITEM	Premium		Stated I	OLLISION In ITEM	Premium	Limit	& LABOR Premium			
			s Deductible n Below		TWO Minu Deductibl Shown Bel	е			linus De own Be	eductible elow		Per Disablement				
ı	1	\$		\$	\$		\$	\$			\$	\$	\$			
	2 3	\$		\$	\$		\$ \$	\$ \$			\$	\$ \$	\$ \$			
	4	\$		\$	\$		\$ \$	\$			\$	\$	\$ \$			
	Total			\$	Ť		\$	Ť			\$		\$			
	Premium			*			¥				*		Ť			

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ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVER	AGE-RATI	NG BASIS, COST OF HIRE	- AUTOS USED IN YOUR MOTOR CARRIES	R OPERATIO	NS					
ESTIN	AATED CC	ST OF HIRE	RATE PER EACH \$100 COST OF	HIRE		TOTAL ES	STIMATED I	PREMIUM		
\$			\$		\$					
LIABILITY COVER	AGE-RATI	NG BASIS, COST OF HIRE	- AUTOS NOT USED IN YOUR MOTOR CAI	RRIER OPER	ATIONS					
STATE		IMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	(If Liability	FACTOR Coverage	Is Primary)	PREMIUM			
	\$		\$				\$			
					TOTAL	PREMIUM	\$			
			YS - (FOR MOBILE OR FARM EQUIPMENT	T-RENTAL PE		S)				
STATE		TIMATED NUMBER OF DAYS PMENT WILL BE RENTED	BASE FACTOR PREMIUM					PREMIUM		
			\$					\$		
					TOTAL	PREMIUM	\$			
PHYSICAL DAMAG	E COVER	AGE								
COVERAGES			MIT OF INSURANCE E MOST WE WILL PAY DEDUCTIBLE	ANN	IATED IUAL OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE		PREMIUM		
LESS, MINUS \$			OR COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO, PPLIES TO LOSS CAUSED BY	\$		\$		\$		
CAUSES OF LOSS LESS, MINUS \$			OR COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO MISCHIEF OR VANDALISM.	\$		\$		\$		
COLLISION		ACTUAL CASH VALUE C LESS, MINUS \$	OR COST OF REPAIR, WHICHEVER IS DED. FOR EACH COVERED AUTO.	\$	\$		\$			
						TOTAL	PREMIUM	\$		

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

Deleted: **INCLUDED IN ITEM TWO, LIABILITY COVERAGE**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
	TOTAL	\$

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ITEM SIX TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM	•	
COMPREHENSIVE		\$	\$	- -	
SPECIFIED	<u>*</u>				Deleted: STATED
CAUSES OF LOSS	V		t		Deleted: IN
COLLISION		\$	\$	- ```	Deleted: ITEM TWO
		TOTAL PREMIUM	\$		

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts		Per \$10	RATES 00 Gross Receip	ots	PREMIUMS					
	LIABILITY COVERAGE	MED		AL PAYMENTS/		LIABILITY	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA O			
	COVERAGE		MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)			OVERAGE	INCOME LOSS BENEFITS (VA Only)			
\$	s	\$	/\$	/\$	\$		\$	/\$	/\$	
\$	\$	\$	/\$	/\$	\$		\$	/\$	/\$	
\$	\$	\$ \$	/\$ /\$	/\$	\$		\$	/\$	/\$	
\$	\$	\$ /\$ /\$					\$	/\$	/\$	
	•			TOTAL PREMIUMS:	\$		\$	/\$	/\$	
				MINIMUM PREMIUMS:	\$		\$	/\$	/\$	

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

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 pwynne
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 MAILING ADDRESS: *
 *

***** * OLD REPUBLIC INSURANCE COMPANY ****	
V Greensburg, Pennsylvania	
A Stock Company	

A Stock Company	GARAGE	EDECLARATION	IS		
POLICY NUMBER	Policyholder Service Of	*			
PREVIOUS POLICY NUMBER *					
ITEM ONE NAMED INSURED:					
MAILING ADDRESS: *					
POLICY PERIOD: * From:	To:		At 12:01 A.M. Star	ndard Time at your mail	ing address shown above.
FORM OF BUSINESS: * CORPORA	TION INDIVIDUAL	LIMITED LIABIL	ITY COMPANY	PARTNERSHIP	OTHER
IN RETURN FOR THE PAYMENT OF THE PRESTATED IN THIS POLICY.	MIUM, AND SUBJECT TO ALL	THE TERMS OF THI	S POLICY, WE AGR	EEE WITH YOU TO PRO	OVIDE THE INSURANCE AS
ITEM TWO SCHEDULE OF COVERAGES AN This policy provides only those coverages where "autos". "Autos" are shown as covered "autos" for next to the name of the coverage. Entry of a sym	a charge is shown in the premiu or a particular coverage by the e	ntry of one or more of	the symbols from the		
COVERAGES	COVERED AUTOS		LIMI	т	PREMIUM
LIABILITY		Each "Accident" "0 "Auto" Only	Garage Operations" Other Than	Aggregate-"Garage Other Th	
		\$	"Auto" Only	"Auto" O	
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		T	TED IN EACH P.I.P. DED.		\$
ADDED PERSONAL INJURY PROTECTION				ED P.I.P. ENDORSEME	ENT. \$
(or equivalent Added No-Fault Coverage) PROPERTY PROTECTION INSURANCE			TED IN THE P.P.I. E		\$
(Michigan Only) MEDICAL PAYMENTS		MINUS \$	DED. I	FOR EACH ACCIDENT	\$
MEDICAL EXPENSE AND INCOME LOSS BENE	FITS			ICAL EXPENSE AND	\$
(Virginia Only) UNINSURED MOTORISTS		\$	NEFITS ENDORSE	MENT.	\$
UNDERINSURED MOTORISTS		\$			\$
(When not included in Uninsured Motorists Coverage) GARAGEKEEPERS					\$
COMPREHENSIVE COVERAGE GARAGEKEEPERS		SEPARATELY STA	TED FOR EACH LO	CATION IN ITEM SIX	\$
SPECIFIED CAUSES OF LOSS COVERAGE GARAGEKEEPERS		SEPARATELY STA	TED FOR EACH LO	CATION IN ITEM SIX	\$
COLLISION COVERAGE PHYSICAL DAMAGE				CATION IN ITEM SIX	
COMPREHENSIVE COVERAGE		LESS, MINUS \$ BUT NO DEDUCTI	DED. FOR	EACH COVERED AUT OSS CAUSED BY FIRE	O,
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VA LESS, MINUS \$	LUE OR COST OF F DED. FOR MISCHIEF OR VAN	REPAIR, WHICHEVER EACH COVERED AUT	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VA LESS, MINUS \$	LUE OR COST OF F DED. FOR	REPAIR, WHICHEVER EACH COVERED AUT	
PHYSICAL DAMAGE TOWING AND LABOR		See Item Seven Fo \$ For E		A Private Passenger A	uto <u>.</u> \$
I OVVIIVO AIND LADOK	1	<u> </u>	PREMIUM FOR E	NDORSEMENTS	\$
			[MICHIGAN CCA	SURCHARGE]	\$
			[ASSESSMENTS	AND SURCHARGES]	\$
Total shown is payable at inception: \$			**ESTIMATED TO	TAL PAYABLE be subject to final audit	\$
AUDIT REPLOCATE ARRIVANCE TO THE	NINIHALLY TO OFFI AND		. , ,	•	
		IUALLY 🗌 QUA	KIEKLY L M	UNTHLY	
ENDORSEMENTS ATTACHED TO THIS POLIC	Y:=				
COUNTERSIGNED *		BY *			

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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GARAGE DECLARATIONS (Continued)

ITEM THREE—LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION	ADDRESS—State Your Main Business Location First
NO.	
1	
2	

ITEM FOUR—LIABILITY COVERAGE—PREMIUMS

LOCATION NO.	CLASSES OF OPERATORS	RATING FACTOR(S)	NUMBER OF PERSONS	RATING UNITS	TOTAL RATING UNITS	LIABILITY PREMIUM	INJURY PROTECTION PREMIUM	PROPERTY PROTECTION INSURANCE PREMIUM (MI Only)	EXPENSE BENEFITS PREMIUM (VA Only)	LOSS BENEFITS PREMIUM (VA Only)
1	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
2	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
	·		TOTAL PREMIU	MS FOR ALL I	LOCATIONS	\$	\$	\$	\$	\$

Definitions

Class I—Employees

Regular Operator — Proprietors, partners and officers active in the "garage operations," salespersons, general managers,

service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others - All other "employees".

Note: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.

2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be

counted as 1/2 rating unit each.

Class II—Non-Employees Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and

their relatives and the relatives of any person described in Class I.

ITEM FIVE—LIABILITY COVERAGE FOR YOUR CUSTOMERS

Unless indicated by "S" below, limited liability coverage is provided for your customers in accordance with paragraph a.(2)(d) of Who Is An Insured under Section II—Liability Coverage.

☐ If this box is checked, Paragraph a.(2)(d) of Who Is An Insured under Section II—Liability Coverage does not apply.

ITEM SIX—GARAGEKEEPERS COVERAGES AND PREMIUMS

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	PREMIUM FOR ALL LOCATIONS
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO	
	Of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	
		\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
		\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO	
	Of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	
		\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
		\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
		TOTAL PREMIUM FOR ALL LOCATIONS	\$

DIRECT COVERAGE OPTIONS Indicate below with an "⊠" which, if any, Direct Coverage Option is selected.

EXCESS INSURANCE	If this box is checked,	Garagekeepers Cove	erage remains applic	able on a legal liabilit	y basis. However, c	overage also
applies without regard to	your or any other "insu	red's" legal liability fo	or "loss" to a "custom	er's auto" on an exce	ess basis over any o	ther collectible
insurance regardless of	whether the other insura	ance covers your or a	any other "insured's"	interest or the interes	st of the "customer's	auto's" owner.

PRIMARY INSURANCE If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customers auto" and is primary insurance.

4									Formatted: Font: 10 pt
GARAGE DECL	ARATIONS	(Continue	ed)						Deleted: ¶
OR NONREPOR	RTING BASI wing Physic	S	: Coverages t			INTERESTS IN THESE AUTOS		_	
COVERAGES	New "Autos	Use Demor	ed "Autos," enstrators And lice Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	By You Or Any	Any "Auto" Not Owned Creditor While In Your	
Comprehensive							On Consi	gnment For Sale	
Specified Causes of L									
Collision									
LOCATION NO.	COVE	RAGES			OF INSURANCE AND DE		RATES	PREMIUM	
1	Specifie Of I	thensive d Causes Loss	FOR LOSS C	MAXIMUM DI MINUS \$ MAXIMUM DI	MISCHIEF OR VANDALISI EDUCTIBLE FOR ALL SUC DEDUCT EDUCTIBLE FOR ALL SUC	H LOSS IN ANY ONE EVENT; OR IBLE FOR ALL PERILS SUBJECT TO H LOSS IN ANY ONE EVENT.	\$	\$	
LOCATION NO.		RAGES			OF INSURANCE AND DE		RATES	PREMIUM	
2	Specifier Of I	hensive d Causes Loss	\$ \$ \$	MAXIMUM DI MINUS \$ MAXIMUM DI	MISCHIEF OR VANDALISI EDUCTIBLE FOR ALL SUC DEDUCT EDUCTIBLE FOR ALL SUC	H LOSS IN ANY ONE EVENT; OR IBLE FOR ALL PERILS SUBJECT TO H LOSS IN ANY ONE EVENT.	\$	\$	
All	Coll	ision	\$		NKET ANNUAL COLLISIO		Adjustment Factor		
			Firs	t \$50,000	\$50,001 To \$100,000	Over \$100,000	 		
						TOTAL PREMIUM FOR ALL LOCATIONS		\$	
You must re as Location "employees than those : YOUR REP	eport to us on No. 1, you so family stated in ITE	n our form I must incl members a EM THREE ASIS IS:	the location lude the total and other Cla For your ma	value of all cove iss II—Non-Emplo ain sales location y	utos" and their total v red "autos" you hav yees, and covered " ou must include the	ralue at each such location. For y e furnished or made available to autos" that are temporarily displetotal value of all service vehicles. month after the policy begins. Y value for the last business day of	o yourself, you ayed or stored our subsequer	r executives, your at locations other	
☐ MONT	licy period. THLY—You the precedi		us your repor	ts by the fifteenth	of every month. You	r reports will contain the total valu	ues you had or	the last business	
monthly pre		e quarterly	premiums to			ned in each report. At the end of the entire policy year. The estima			
				rance shown abov					
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ITEM EIGHT—N	COVERA		COVERAGE	REFER TO ITE	M NINE FOR COVE	RED AUTOS INSURED ON A SP	PECIFIED CAR	BASIS. PREMIUM	
Auto Medical Paymo		<u> </u>	+		Auto Medical Payments Pr			\$ 4-	Tananatta d Tabib
Premises And Oper	ations Medical I				Premises And Oper	ations	Of The Liability		Formatted Table
(Does Not Apply To Premises And Oper				Premises And Operation	Medical Payments Pren ns And Auto Medical Payme		Premium.	\$	3 - (3
	o.o And Add	ouloui Fayl		omicos And Operation		/o		-	Formatted: Centered

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ITEM NINE—SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

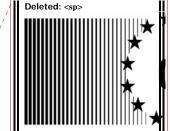
Covered	DESCRIPTION										PURCHASED				TERRITORY			
Auto No.	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)										Original Cost New		Actual Cost 8 NEW (N) USED				e The Covered ipally Garage	
1												9	5					
2										\$		5	3					
					CLAS	SSIFICAT	ION											
Covered Auto No.	Radi Of Opera	tion r=	usiness Use =service :retail =commercial	Size GVW Or Veh Seating Ca	nicle	Age Group			R Fa	ondary ating actor	y Code EXCEPT For Towing, All Physic The Loss Payee Named Below The Loss.							
1										1								
2																		
(Absence of	f a deductib	ole or limit ILITY	PERSONAL PROTECTION	lumn below r L INJURY ON (P.I.P.)	ADDED P.I.P.	P PROT (Mi	ROPERTY ECTION (P. chigan Only	.P.I.) r) M A E	AUTO ME PAYME MEDICAL E AND INCOM BENEFITS On	EDICAL ENTS/ EXPENSE ME LOSS - Virginia ly	COMPRE	HENSIV	CAUS OF LO	SPECIFIED CAUSES OF LOSS				LABOR
Auto No.	Limit (In Thou- sands)	Premium	Minus	Premium	Limit * Premium	Lim Min Deduc	us	mium	Limit **	Premium	Limit** Minus	Premiu	m Limit ** Minus	Premium	Limit** Minus	Premium	Limit Per Disablement	Premium
1	\$	\$	Deductible Shown Below	\$	\$	Shor Beld	wn	s	\$	3	Deductible Shown Below \$	\$	Deductible Shown Below	\$	Deductible Shown Below	\$	\$	\$
1 2	\$	\$	Shown	\$	\$	Sho	wn	\$		S	Shown	\$	Shown	6) 6)	Shown	s s	\$ \$	\$ \$
_	\$	9	Shown	8	\$	Sho	wn	\$			Shown	\$	Shown	\$	Shown	\$	\$ \$	\$ \$

ITEM TEN—LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS—NON-FRANCHISED DEALERS ONLY

	ABIETT TREMITOR TOTAL	AND DEELIVERY OF ACTOO HOL	THAIRDINGED DEALERO ONE!
	NUMBER OF DRIVER TRIPS	RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
		M(S) \$	

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INSURANCE POLICY

Represented by:

J-01_{*}[(02/08)]

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INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY

[133 Oakland Avenue Greensburg, Pennsylvania 15601] A Stock Company

Secretary

President

OLD REPUBLIC

Corporate Offices

[307 North Michigan Avenue
Chicago, Illinois 60601

(312) 346-8100

J-01[(02/08)]